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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2191

State File No.

Registration District No. 163

Primary Registration District No. 5232

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Cedar Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME

MARY J. Bach

3. (b) If veteran, name war 1

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arson Bach 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Dec-14-1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Ills (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Edward Leventich
13. Birthplace Ills (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Thomas
15. Birthplace Ills (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. H. Ellerman

(b) Address Eldorado Springs, Mo. R. 1.

17. (a) Burial (b) Date thereof 1-5-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton (Cem)

18. (a) Signature of funeral director Edwards

(b) Address Eldorado Springs, Mo

19. (a) 1-5-41 (b) J. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day Jan year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Dec 15 1940 to Jan 3 1941 that I last saw her alive on Jan 1 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Abdominal Cancer

Due to 1
Due to 1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1
(b) Date of occurrence 1-5-41
(c) Where did injury occur? 1 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place) (e) Means of injury 1
23. Signature James H. Baker (M. D. or other) 0
Address Blackburn Mo Date signed 1-4-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

55
RECEIVED

District Health Officer No. 7.

District File Number 2-41-262

Date Filed 2-7-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 2034

P. O. Address Edward Springs, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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State File No. 2191

Registration District No. 163

Primary Registration District No. 5232

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Cedar Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Mary J. Itach

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 18 If less than one day

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 3 day 1 year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death Abdominal

- Due to Probably pancreas

- Due to were primary -

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy 468

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other) Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

